



Washington State
Office of Minority and Women's Business Enterprises
P.O.Box 41160
Olympia, Washington 98504-1160
(360)753-9693



OMWBE Certification Information

State and Federal Programs

INTENT OF PROGRAMS

State Program

The Washington State Office of Minority and Women's Business Enterprises (OMWBE) administers the state certification program pursuant to Chapter 39.19, Revised Code of Washington. The intent of the state program is to maximize the opportunities for minority and women business enterprises (MWBEs) to participate in public works projects and to provide goods and services to state agencies and educational institutions. Bona fide minority and women-owned businesses can participate in the state program by becoming certified by OMWBE.

Federal Program

By contract with the Washington State Department of Transportation (DOT), OMWBE also processes applications for certification for the U.S. Department of Transportation's Disadvantaged Business Enterprise (DBE) program pursuant to 49 CFR Part 26.

The federal program has several objectives:

- (a) To ensure nondiscrimination in the award and administration of DOT-assisted contracts in the Department's highway, transit, and airport financial assistance programs;
- (b) To create a level playing field on which DBEs can compete fairly for DOT-assisted contracts;
- (c) To ensure the Department's DBE program is narrowly tailored in accordance with applicable law;
- (d) To ensure only firms that fully meet eligibility standards are permitted to participate as DBEs;
- (e) To help remove barriers to the participation of DBEs in DOT-assisted contracts;
- (f) To assist the development of firms that can compete successfully in the marketplace outside the DBE program; and
- (g) To provide appropriate flexibility to recipients of Federal financial assistance in establishing and providing opportunities for DBEs.



Prior to the establishment of the Office of Minority and Women's Business Enterprises in 1983, local jurisdictions and the Washington State Department of Transportation each certified the firms they used for meeting their minority, women's and disadvantaged business enterprises participation goals. In January of 1984, the Washington State Department of Transportation transferred its federal disadvantaged business enterprise certification activities to OMWBE. Federal DBE certification is required for firms to be counted toward participation goals on federal highway, transit and aviation projects administered by state, local and other jurisdictions in Washington.

The Washington State Legislature adopted state-wide one-stop certification in 1987, establishing OMWBE as the only agency responsible for processing applications for certification. OMWBE's certification is recognized by all state agencies, educational institutions and local governmental jurisdictions that have minority and women's business enterprises and DBE programs.

BENEFITS

Some of the benefits of both programs within Washington State include the following:

- Increased opportunities for the award of publicly-funded contracts.
- Increased opportunities for doing business with prime contractors on publicly-funded contracts.
- Listing in the Directory of Certified Minority, Women's and Disadvantaged Business Enterprises.
- Formal acceptance as a certified firm by state agencies, educational institutions, local jurisdictions and federal agencies that have MWBE/DBE programs (see page 6).

ELIGIBILITY REQUIREMENTS

The eligibility requirements for the state and federal programs are summarized as follows:

ELIGIBILITY - STATE

*(Chapters 326-02 and 326-20
Washington Administrative Code)*

The completed application form and the supporting documentation will be carefully reviewed to establish that:

1. The **Applicant** is a minority and/or female, as described below, and is a U.S. citizen or lawful permanent resident;
2. The applicant **Ow**ns at least 51 percent of the business and can provide documentary proof of the contributions and/or expenditures made to gain that ownership;

3. The **Business** is an independent sole proprietorship, partnership, corporation or other recognized legal business structures which was established for profit and is legally permitted to do business in the state of Washington;
4. The applicant **Controls** the management and the day-to-day operations of the enterprise, and has the legal authority and the technical ability to manage;
5. The business is a **Small Business** not exceeding the applicable size limits; and
6. The business performs a **Commercially Useful Function** which means the performance of real and actual services which are integral and necessary in the discharge of any contractual endeavor, and not solely for the purposes of obtaining certification or obtaining credit for participation goal attainment.

Individuals applying for certification as a **Minority Business Enterprise** must provide official and documentary evidence which establishes that they are:

African/Black American: Having origins in any of the Black racial groups of Africa;

Hispanic American: Of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish or Portuguese culture or origin, regardless of race;

Native American: Having origins in any of the original peoples of North America; or

Asian-Pacific American: Having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific islands.

Individuals applying for state certification as a **Women's Business Enterprise** must provide evidence of their gender such as a copy of birth record or driver's license.

ELIGIBILITY - FEDERAL

(49 Code of Federal Regulations Part 26)

The completed application form and the supporting documentation will be carefully reviewed to establish that:

1. The **Applicant** is socially and economically disadvantaged individual * or a tribally-owned concern ** and is a U.S. citizen or lawful permanent resident;
2. The applicant **Ow**ns at least 51 percent of the business and can provide documentary proof of the contributions and/or expenditures made to gain that ownership;
3. The **Business** is an independent sole proprietorship, partnership or corporation which was established for profit and is legally permitted to do business in the state of Washington;
4. The applicant **Controls** the management and the day-to-day operations of the enterprise and has the legal authority and the technical ability to manage; and
5. The business is a **Small Business** not exceeding the applicable size limits.

*Socially and economically disadvantaged individual means any individual who is a citizen (or lawfully admitted permanent resident) of the United States **and**:

(1) Who is found to be a socially and economically disadvantaged individual on a case-by-case basis; or

(2) A member of one of the following groups that are rebuttably presumed to be socially and economically disadvantaged:

(i) "Black Americans," which includes persons having origins in any of the Black racial groups of Africa;

(ii) "Hispanic Americans," which includes persons of Mexican, Puerto Rican, Cuban, Dominican, Central or South American, or other Spanish or Portuguese culture or origin, regardless of race;

(iii) "Native Americans," which includes persons who are American Indians, Eskimos, Aleuts, or Native Hawaiians;

(iv) "Asian-Pacific Americans," which includes persons whose origins are from Japan, China, Taiwan, Korea, Burma (Myanmar), Vietnam, Laos, Cambodia (Kampuchea), Thailand, Malaysia, Indonesia, the Phillippines, Brunei, Samoa, Guam, the U.S. Trust Territories of the Pacific Islands (Republic of Palau), the Commonwealth of the Northern Marianas Islands, Macao, Fiji, Tonga, Kirbati, Juvalu, Nauru, Federated States of Micronesia, or Hong Kong;

(v) "Subcontinent Asian Americans," which includes persons whose origins are from India, Pakistan, Bangladesh, Bhutan, the Maldives Islands, Nepal or Sri Lanka;

(vi) Women;

(vii) Any additional groups whose members are designated as socially and economically disadvantaged by the SBA, at such time as the SBA designation becomes effective.

**Tribally-owned concern- business owned at least 51 percent by an indian tribe.

THE APPLICATION PROCESS

Submit an official application form to apply for certification as a Minority Business Enterprise (MBE), a Women's Business Enterprise (WBE), a Combination Minority and Women's Business Enterprise (CBE), both a Minority and Women's Business Enterprise (MWBE), or a Disadvantaged Business Enterprise (DBE). If the application is not attached to this document, call OMWBE and one will be sent. The application form may also

OMWBE Certification Information

be downloaded from OMWBE's website. The address is *www.omwbe.wa.gov*.

All sections of the application must be completed. *The affidavit must be signed by all owners.* (Make additional copies of the affidavit for each owner.) If a question does not apply to your business, write "n/a" (not applicable) in the answer space, rather than leaving the question blank.

Applicants are encouraged to keep a copy of their completed application and the documentation submitted to the office. The application and documentation are public information according to State public records rules and office regulations.

When OMWBE receives the application, it is usually assigned to a program specialist within 7 to 10 days. After assignment, the applicant may be requested to submit any missing information. The applicant must provide this information within 20 days from the date of the request. Failure to return the information in the time allotted will result in the file being administratively closed.

The state program requires the office to process applications as promptly as its resources permit. Because staff resources may fluctuate, the actual processing time for individual applications may vary. Additionally, failure to provide a complete response to any part of the application may cause a delay in processing. Accordingly, the office cannot guarantee any application will be processed within any specific time period. The inability to process an application by a certain time shall not subject the office or the state to liability. (See WAC 326-20-130.)

The federal program requires the office render a decision within ninety (90) days of receipt of all information required, including information requested during the onsite interview. The 90 day time period may be extended once for no more than an additional sixty (60) days upon written

notice to the firm explaining fully and specifically the reasons for the extension. If the office does not make a decision within the applicable time period, the application is deemed to be constructively denied. The firm may then appeal the denial to the U.S. Department of Transportation.

Certification status is accorded to ensure a level playing field when companies compete to do business in the public sector. The objective of the certification process is to ensure only firms meeting the eligibility criteria benefit from the program. The specialist performs a detailed analysis to verify the information provided and determine eligibility. This may include on-site interviews, job site visitations and third party verifications.

Based on this analysis, the specialist makes one of the following recommendations:

- **Certify** the firm, because all eligibility requirements are met; or
- **Deny** certification, because not all eligibility requirements are met.

All applicants are notified in writing of the office's eligibility determination. If the application is denied, specific reasons will be identified in the written notice and the procedure for requesting review of the denial will be set forth.

BURDEN OF PROOF

WAC 326-20-160 places the burden of proof on the applicant to establish eligibility for certification.

SIGNED AFFIDAVIT

WAC 326-20-115 requires all owners to sign the application under oath. If the applicant requests in writing, the Office may accept the affidavit of a designated representative of a nominal owner who is unable to personally sign the application at the time it is submitted to OMWBE.

PUBLIC RECORDS State Program

WAC 326-07 provides that the application and the supporting documentation submitted with it, are considered public records and subject to public disclosure. Note, however; federal law specifically exempts certain documentation from disclosure; e.g. Statement of Personal Net Worth and supporting personal financial information. (See "Federal Program" below.)

PUBLIC RECORDS Federal Program

Federal aid recipients may not release to a third party personal financial information submitted in order to determine personal net worth under the federal program unless the person to whom the information applies consents in writing. [49 CFR 26.67(a)(2)].

With respect to other information, the federal aid recipient must comply with the applicable state freedom of information or open records law, even if it results in the disclosure of confidential business information about DBEs and applicants.

FEES

Enclose a check or money order in the amount of \$20.00 as a nonrefundable payment for processing the certification application. OMWBE will not process your application without receiving payment or if checks are drawn on NSF accounts.

NOTE: For DBE applicants only, the processing fee may be waived upon a showing of undue burden. (See 49 CFR Part 26.83)

SUBMIT PROPER DOCUMENTS

The application cannot be processed without the documentary proof necessary to establish all of the requirements of the program(s) for which you have applied. See application form for required documentation.

DUTY TO COOPERATE

WAC 326-20-140 requires the applicant to cooperate fully in the Office's investigation of the applicant's firm. It further requires the applicant to provide requested information promptly. This requirement shall continue after the business is certified.

PENALTIES IMPOSED

WAC 326-02-050 lists penalties which may be imposed when a person is found to have engaged in a prohibited activity. These include, but are not limited to, debarment from state contracting and payment of civil penalties.

NON DISCRIMINATION - FEDERAL PROGRAM

Federal aid recipients may not exclude any person from participation in, deny any person the benefits of, or otherwise discriminate against anyone in connection with the award and performance of any contract covered by 49 CFR Part 26 on the basis of race, color, sex, or national origin.

In administering the DBE program, the federal aid recipient will not, directly or through contractual or other arrangements, use criteria or methods of administration that have the effect of defeating or substantially impairing accomplishment of the objectives of the DBE program with respect to individuals of a particular race, color, sex, or national origin.

PROHIBITED ACTIVITIES

WAC 326-20-140 requires the applicant to cooperate fully in the Office's investigation of the applicant's firm. It further requires the applicant to provide requested information promptly. This requirement shall continue after the business is certified.

**ALTERNATIVE FORMAT
AVAILABLE**

If you would like a copy of this document in an alternative format--large print, Braille, cassette tape, or on computer disk--please call (360)753-9693.

NEED HELP?

If you require help in completing the application form, call OMWBE at (360) 753-9693.

Resources

The following is a partial list of some government programs and nonprofit entities you may want to contact to find out about their programs and whether they can assist you:

Government Assistance Programs

Business Assistance Center
Minority and Women's Business Development Program
Washington State Department of Community, Trade and Economic Development
2001 6th Avenue, Suite 2600
Seattle, Washington 98121
Telephone: (206) 956-3164

Business and Economic Development Program
University of Washington
School of Business Administration
Box 353200
Seattle, Washington 98185-3200
Telephone: (206-) 543-9327

Liasion Outreach and Services Program,
Region X
U.S. Department of Transportation
1140 140th Avenue Northeast, Suite A-2
Bellevue, Washington 98005
Telephone: (888) 957-5677

Washington State Department of Transportation
(WSDOT) - DBE Support Services
South Seattle Community College
6770 East Marginal Way South
Seattle, Washington 98108-3405
Telephone: (206) 764-5375

Office of Small and Disadvantaged Business Utilization
U.S. Department of Transportation/Office of the Secretary
Short Term Lending Program
400 Seventh Street Southwest, Room 9414
Washington, D.C. 20590
Telephone: (800) 532-1169
Website: <http://osdbuweb.dot.gov>

Non-Profit Organizations

Associated General Contractor (AGC) Education Foundation
1200 Westlake Avenue North, Suite 301
Seattle, Washington 98109
Telephone: (206) 284-4500
Website: www.agcwa.com

National Center For American Indian Enterprise Development, The
Northwest Region
934 North 143rd Street
Seattle, Washington 98133
Telephone: (206) 365-7735
Website: www.ncaied.org

NW Minority Suppliers Development Council
1619 Third Avenue, 2nd Floor
Seattle, Washington 98101
Telephone: (206) 441-9558



CORPORATION, PARTNERSHIP AND LIMITED
LIABILITY COMPANY APPLICATION



Washington State Office of
Minority and Women's Business Enterprises
406 South Water
P.O. Box 41160
Olympia, Washington 98504-1160

**Nonrefundable payment of \$20, payable to
OMWBE, must be received to process this
Application**

FOR OFFICE USE ONLY: FILE NUMBER: _____

1. Date Business Started: _____
2. Washington State Business License number (UBI): _____
3. Contractor/Professional Business License number (if Applicable) _____
Date expires: _____
4. Federal Tax Identification Number: _____
5. Legal Business Name: _____
6. Trade Name (DBA): _____
7. Business Location: _____
City: _____ State: _____ Zip + four: _____
County: _____ Telephone #1: () _____
Telephone #2: () _____ Fax #: () _____
E-Mail: _____ Website: _____
8. Contact Person: _____
Last Name First Name M.I.
9. Mailing Address (If different from business location): _____
City: _____ State: _____ Zip + four: _____
10. Has this business previously operated under another name?:
____ Yes ____ No From ____ / ____ / ____ To ____ / ____ / ____

If Yes, complete the following information:

Former Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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11. This firm is applying for state certification as a:
- ☐ MBE Minority Business Enterprise (owned and controlled by one or more minorities)
- ☐ WBE Women's Business Enterprise (owned and controlled by one or more non-minority women)
- ☐ MWBE Minority Women's Business Enterprise (owned and controlled by one or more minority women)
- ☐ CBE Combined Minority & Women's Business Enterprise (owned and controlled 50% by one or more minority male and 50% by one or more non-minority women)

12. OPTIONAL: I am applying for federal certification as a Disadvantaged Business Enterprise (DBE):
☐ Yes ☐ No

(Refer to OMWBE Certification Information, "Federal Eligibility" numbers 1-5 on Page 3.) Each applicant on whom 51% ownership is based must also complete the Certification of Social and Economic Disadvantage and Statement of Personal Net Worth - Supplement 1.

13. Number of employees (including active owners) you have: _____
Number of Minorities: _____ Number of Women: _____

14. What was the firm's average number of employees over the last 12 months (including active owners, part time, seasonal and temporary employees)?: _____

15. Current legal structure of firm:
- ☐ Corporation ☐ General Partnership ☐ Limited Partnership
- ☐ Limited Liability Co.

16. Prior legal structure of firm if different:
- ☐ Sole Proprietorship ☐ Limited Partnership ☐ Limited Liability Co.
- ☐ Corporation ☐ General Partnership

17. Gross receipts (sales) for the last three business years. Show total receipts from the public and private sector. **Provide copies of supporting federal tax returns.**

Year Ending:	Public	Private	Total
19____	\$ _____	\$ _____	\$ _____
19____	\$ _____	\$ _____	\$ _____
19____	\$ _____	\$ _____	\$ _____

18. Contract size firm is capable of performing:
- ☐ Up to \$5,000 ☐ Up to \$10,000 ☐ Up to \$50,000
- ☐ Up to \$100,000 ☐ Up to \$500,000 ☐ More than \$500,000

19. List 3 contracts the business has performed, is performing or has bid during the last 12 months:
- | Job or Project | Name & Phone # of Contact Person
(prime contractor or awarding authority) |
|----------------|--|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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20. Indicate by a check mark the government jurisdictions with which you intend to do business:
m ☐ City of Seattle q ☐ King County t ☐ Port of Tacoma
n ☐ City of Spokane r ☐ Pierce County u ☐ METRO
o ☐ City of Tacoma s ☐ Port of Seattle v ☐ State agencies and educational institutions
p ☐ Other(s) (Be specific) _____
21. Geographical area where the firm wants to do business in Washington:
City or Cities: _____ Washington State : _____
County or Counties: _____ Western Washington: _____
Other: _____ Eastern Washington: _____
22. Describe the primary activities of this business. Be precise: _____

23. Type of business this is:
☐ Manufacturer ☐ Manufacturer's Representative ☐ Distributor ☐ Contractor
☐ Subsidiary ☐ Retailer ☐ Consultant ☐ Franchise ☐ Broker
☐ Affiliate ☐ Service ☐ Other _____
24. Is this business organized for profit?: ☐ Yes ☐ No
25. Provide current total value of the firm's assets: \$ _____
26. Has this firm or its owners previously applied to this office for certification under another name?
☐ Yes ☐ No
If Yes, under what name?: _____
27. Is this firm 8(a) certified?: ☐ Yes ☐ No If yes, provide a copy of the 8(a) certification letter.
28. Has this firm or its owners ever applied to other states for certification?:
☐ Yes ☐ No If Yes, provide the following:
- | State | Agency | Date/Year | Status |
|-------|--------|-----------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
29. Has this firm done business in Washington State?: Yes _____ No _____
In the public sector? _____ In the private sector? _____

30. Has this firm attempted to do business in Washington State?: ☐ Yes ☐ No
In the public sector? ☐ In the private sector? ☐

31. Has this firm attempted to do business in King County?: ☐ Yes ☐ No
In the public sector? ☐ In the private sector? ☐

32. If you plan to do business with King County, and you are Hispanic, you must state your origin and provide documentation: _____

33. Business Bank Account?: ☐ Yes ☐ No Is this a joint account?: ☐ Yes ☐ No
Account Name: _____ ACCT #: _____
Bank Name: _____ Telephone #: _____
Address: _____
City: _____ State: _____ Zip: _____

34. Who has the authority to sign checks?: 1. _____
2. _____ 3. _____

35. Does this firm share any of the following with other firms?: (Check Yes or No for each item)

Employees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inventory	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owners	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Officers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Accounting Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Directors	<input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Office Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Storage Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER: _____	

Explain "Yes" answers in detail (Use additional pages as necessary): _____

36. List the major equipment and vehicles in which the business currently has an ownership, lease or loan interest: (use additional pages if needed)

	1	2	3
Type of equipment or vehicle	_____	_____	_____
Year & make of vehicle	_____	_____	_____
Location	_____	_____	_____
Approximate value	_____	_____	_____
License and serial #	_____	_____	_____
Type of interest (own, lease or loan)	_____	_____	_____
Lessor	_____	_____	_____
If less than 100%, who owns remainder of interest?	_____	_____	_____

37. Is this business activity bonded?: ☐ Yes ☐ No If Yes, complete the following:
Bonding Co. Name & Address: _____
Maximum Bonding Capacity: \$ _____
Person responsible for signing bond: _____

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OWNERSHIP INFORMATION SECTION

This section must be completed by each person who has an ownership interest in this firm, whether or not they are actively involved in the business. Please make enough copies of this section for all owners to complete.

38. Owner's Name: _____
Resident Address: _____ City: _____ State: _____ Zip: _____
Telephone #:() _____
39. Owner's Race:
____ AFRICAN/BLACK AMERICANS (Having origins in any of the Black racial groups of Africa)
____ HISPANIC AMERICANS (Of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish or Portuguese culture or origin, regardless of race)
____ NATIVE AMERICANS (Having origins in any of the original peoples of North America)
____ ASIAN-PACIFIC AMERICANS (Having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands)
____ CAUCASIAN
____ OTHER (Indicate): _____
40. Owner's Birthplace: _____ Date of Birth: _____ Citizenship: _____
City _____ / / _____ U.S. Citizen
State _____ Permanent Resident
Country _____ Other: _____
41. Owner's Occupation: _____ Employer: _____
Employer's Telephone #: () _____
42. Ownership is: ____ Community Property ____ Separate Property
43. How did the owner(s) acquire this business?:
____ Started the business myself (ourselves) ____ It was a gift from: _____
____ It was a condition of a divorce settlement ____ I (we) bought it from: _____
____ It was a condition of a separation agreement ____ I (we) inherited it from: _____
____ Other (Explain): _____
44. Was ownership interest secured under a purchase agreement, loan or promissory note?:
____ Yes ____ No (If yes, provide documentation.)
45. Does the owner have any stock options or other ownership options?:
____ Yes ____ No (If yes, provide documentation.)
46. Are there any loans to the applicant business from?:
____ Owners to the Business ____ Business to the Owners
____ Financial Institution to Owner
Explain answers and provide documentation _____
47. Of the total resources contributed to the start-up of this business, what percentage did this owner contribute in each of the following areas?:
Capital ____ % Equipment\vehicles ____ % Expertise ____ %
(Total contributions from all owners combined must add up to 100% in each area)

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48. When did this owner's ownership interest in this firm begin?: ____ / ____ / ____

49. What is this owner's current percentage of ownership in this firm?: ____ %

50. What is the owner's current marital status:

____ Separated ____ / ____ / ____

Date

____ Unmarried (Single)

____ Divorced ____ / ____ / ____

Date

____ Married ____ / ____ / ____

Date

____ Widowed ____ / ____ / ____

Date

51. Spouse's name: _____

Occupation: _____ Employer: _____

52. Spouse's race:

____ African/Black American

____ Asian-Pacific American

____ Hispanic American

____ Native American

____ Caucasian

____ Other (indicate) _____

53. Does owner or spouse have an ownership interest in another business? ____ Yes ____ No

If YES, please complete the following:

	1	2	3
Owner or Spouse name	_____	_____	_____
Firm Name	_____	_____	_____
Nature of other ownership interest	_____	_____	_____
Type of business	_____	_____	_____
Relationship to applicant business	_____	_____	_____
Percent of the business owned	_____	_____	_____

CORPORATION, PARTNERSHIP AND LIMITED LIABILITY COMPANY APPLICATION

	Name	Title	Race	Gender	Date Elected	Home Address
List current officers or partners of the firm:						
List the prior officers or partners of the firm for the past 3 years:						
List the current members of the Board of Directors/Managers:						
List the prior members of the Board of Directors/Managers:						

CORPORATION, PARTNERSHIP AND LIMITED LIABILITY COMPANY APPLICATION

DUTIES OF OWNERS, OFFICERS, AND KEY PERSONNEL

INSTRUCTIONS: Identify by name, title, race, gender, and total amount of compensation, those individuals, including owners and non-owners, who are authorized to make policy decisions and to manage the day-to-day operations of this business. Make enough copies of this form to provide information on each and every applicable person. Circle the frequency of each person's involvement as follows:

A = Always

F = Frequently

S = Seldom

N = Never

Name: _____

Title: _____

Race: _____

Percent Owned: _____

Gender: _____ Male _____ Female

Salary: \$ _____

Other Benefits \$ _____

Name: _____

Title: _____

Race: _____

Percent Owned: _____

Gender: _____ Male _____ Female

Salary: \$ _____

Other Benefits \$ _____

Name: _____

Title: _____

Race: _____

Percent Owned: _____

Gender: _____ Male _____ Female

Salary: \$ _____

Other Benefits \$ _____

Setting policy on company
direction and scope

A F S N

A F S N

A F S N

Bidding & Estimating

A F S N

A F S N

A F S N

Purchasing decisions

A F S N

A F S N

A F S N

Marketing and sales

A F S N

A F S N

A F S N

Supervision of field
operations

A F S N

A F S N

A F S N

Hiring & firing of
management personnel

A F S N

A F S N

A F S N

Designating how profits
are spent

A F S N

A F S N

A F S N

Obligating business by
contract

A F S N

A F S N

A F S N

Signs business checks

A F S N

A F S N

A F S N

**CORPORATION, PARTNERSHIP AND LIMITED
LIABILITY COMPANY APPLICATION**

DOCUMENT CHECKLIST

Copies of the following documents must accompany this application. If not submitted, the application cannot be processed.

- ___ Applicant's driver's license or other legal photo identification showing citizenship or legal residency, race and gender
- ___ State Unified Business Identifier (UBI) Certificate
- ___ Partnership agreements and amendments
- ___ Limited Liability Company agreement
- ___ Secretary of State Certificate of Incorporation/Limited Partnership/Limited Liability Company, as applicable
- ___ Articles of incorporation, bylaws, and minutes of organizational meeting or consent resolutions and most recent meeting of shareholders and directors
- ___ Most recent Annual Report - License Renewal Form
- ___ Stock certificates or Statement of Stock ownership and stock register
- ___ IRS Tax Identification Number Form
- ___ For each of the last three (3) years that firm has been in business:
 - ___ Federal Tax form 1065 (plus K (1)s), if partnership
 - ___ Federal Tax form 1120, if regular corporation
 - ___ Federal Tax form 1120S (plus K (1)s), if subchapter S corporation
- ___ Documentary proof (cancelled checks, bank deposit slips, etc.) of how this business was initially capitalized, amount of each owner's contribution of capital, and source of all capital
- ___ Current resume for all owners, owner's spouses, board members, partners, officers and other key personnel which shows:
 - a. Type of education and training received
 - b. Dates and places education and training was received
 - c. Dates and places of former employment
 - d. Title and duties performed in former employment
 - e. Dates and places of current employment
 - f. Title and duties performed in current employment
 - g. Past and present ownership of or affiliation with any business

Copies of the following documents must be submitted if they pertain to the applicant's business:

- ___ Small Business Administration 8(a) letter, if any
- ___ Rental, purchase, or lease agreement for business location
- ___ Rental, purchase, or lease agreement for vehicles and equipment
- ___ Contractor's or other professional licenses and permits
- ___ Management services or consultant agreement (1 each)
- ___ Franchise, manufacturer or distributor agreements
- ___ Credit, loan or other financial agreements
- ___ Agreements regarding status of property (separate property, community property, gifts, etc.)
- ___ List of equipment and vehicles used by the business
- ___ General indemnity agreement, surety bond and guaranty
- ___ Foreign (out of state) corporation must provide a certificate of authority to conduct business in Washington State.

*CORPORATION, PARTNERSHIP AND LIMITED
LIABILITY COMPANY APPLICATION*

NON-PARTICIPATION STATEMENT

State of: _____)

County of: _____)

ss.

(Name) _____

And Name _____
being duly sworn upon oath state the following:

We are husband and wife. Only one spouse _____,
(Name)

participates in the management of _____
(Name of business entity)

located at (address) _____

The non-participating spouse relinquishes management control over his/her community property interest in the subject business.

We understand that "participates in the management" is defined as being an officer or director and/or performing day-to-day duties and functions required by the business, including, but not limited to being responsible for: payment of the company's debts; estimating; marketing and sales; hiring and firing of management personnel; authorizing the purchase of major items or supplies; supervision of field operations; making company policies; designating how profits are spent; negotiating and obligating the business by contract.

Wife's Signature: _____ Date: _____

Printed Name: _____

Husband's Signature: _____ Date: _____

Printed Name: _____

Subscribed and sworn to before me this ____ day of _____, 19____.

Notary Public in and for the State of:

Residing at: _____

My Commission expires: _____

*CORPORATION, PARTNERSHIP AND LIMITED
LIABILITY COMPANY APPLICATION*

AFFIDAVIT

State of _____)

County of _____)

I, _____ being duly sworn upon oath state the following:
(Name)

I am the _____ of _____
(Title) (Name of business entity)

I hereby swear and affirm that the foregoing statements are true and correct, that these representations are accurate, current and complete, that all information herein furnished is not confidential except as may be specifically provided otherwise by state or federal law, that the agency to which this application is submitted is authorized to contact any companies or individuals listed herein and other government agencies are hereby authorized to furnish such verification and additional information. I understand that false statements, omissions, or material misrepresentations will be grounds for denial, decertification or termination of any contract which may be awarded and for initiating action under Federal, state and local laws.

I agree that, after filing this questionnaire, if there is any significant change in the information submitted, I will, within 30 days, inform the agency to which this application is submitted of the changes.

NOTICE TO ALL PERSONNEL ENGAGED ON FEDERAL-AID HIGHWAY PROJECTS: Title 18, United States Code, Section 1020, reads as follows: "...Whoever knowingly makes any false statement or false representation as to a material fact in any statement, certificate, or report submitted pursuant to provisions of the Federal-Aid Road Act approved July 1, 1916 (39 Stat.355), as amended and supplemented shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Owner's Signature: _____ Date: _____

Printed Name: _____ Title: _____

Subscribed and sworn to before me this ____ day of _____, 19 ____.

Notary Public in and for the State of: _____
My Commission Expires: _____
Residing at: _____



Statement of Personal Net Worth

Each Owner claiming social and economic disadvantage status must complete this form. Each spouse of an owner should complete a separate form. Use attachments if the space provided is not sufficient.

Personal Financial Statement as of _____, 20__.

ASSETS*	LIABILITIES**
Cash on hand \$ _____	Accounts Payable \$ _____
Checking Accounts _____	Notes Payable _____
Savings Accounts _____	Real Estate Mortgages (Section 4) _____
Retirement Accounts _____	Other Liabilities (Section 5) _____
Notes Receivable _____	
Life Insurance - Cash Surrender Value Only (Section 3) _____	
Stocks and Bonds (Section 2) _____	
Real Estate (Section 4) _____	
Vehicles (Section 3) _____	
Other Personal Property (Section 3) _____	
Other Assets (Section 3) _____	
Total Assets \$ _____	Total Liabilities \$ _____
	NET WORTH \$ _____

Section 1. Source of Income	
Amount	Separate/Community/Joint Ownership
Salary \$ _____	_____
Net Investment Income _____	_____
Real Estate Income _____	_____
Other Income (Identify below) _____	_____

*Identify any joint or community property interest

**Do not include any contingent liabilities

Section 2. Stocks and Bonds

No. of Shares	Name of Securities	Current Market Value

Section 3. Other Personal Property (e.g., household furnishings, jewelry, artwork) and Other Assets. (Inventory of individual items are not required)			
Description of Item		Current Fair Market Value	
Section 4. Real Estate			
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Current Market Value			
Current Mortgage Balance			
Section 5. Other Liabilities.			
Description		Current Balance Owed	

I hereby certify that I have made no transfers of assets during the two years immediately preceding the date of this statement, except as follows:

Description of Asset	To Whom Transferred/ Relationship To Transferee	Purpose of Transfer	Date of Transfer	Value of Asset at Time of Transfer	Consideration Received For Transfer

I hereby authorize The Office of Minority & Women's Business Enterprises to make inquiries as necessary verify the accuracy of the information contained herein, as well as the documents submitted with this statement for purposes of determining my status as an economically disadvantaged person in accordance with 49 CFR Part 26. The information provided and the statements contained herein are true and correct to the best of my information and belief.

Signature _____ Date: _____

STATEMENT OF SOCIAL AND ECONOMIC DISADVANTAGE

INSTRUCTIONS FOR COMPLETION

1. Each disadvantaged owner must complete this form. (The term "owner" shall refer to an individual who is a sole proprietor, shareholder in a corporation, partner in a partnership or member of a limited liability corporation.)

2. When completing this form, please refer to the following definitions and rules:

- **49 CFR Part 26.5** Socially and economically disadvantaged individual means any individual who is a citizen (or lawfully admitted permanent resident) of the United States and who is --:

(1) Any individual who a recipient finds to be a socially and economically disadvantaged individual on a case-by-case basis.

(2) Any individual in the following groups, members of which are rebuttably presumed to be socially and economically disadvantaged:

- (i) "Black Americans," which includes persons having origins in any of the Black racial groups of Africa;
- (ii) "Hispanic Americans," which includes persons of Mexican, Puerto Rican, Cuban, Dominican, Central or South American, or other Spanish or Portuguese culture or origin, regardless of race;
- (iii) "Native Americans," which includes persons who are American Indians, Eskimos, Aleuts, or Native Hawaiians;
- (iv) "Asian-Pacific Americans," which includes persons whose origins are from Japan, China, Taiwan, Korea, Burma (Myanmar), Vietnam, Laos, Cambodia (Kampuchea), Thailand, Malaysia, Indonesia, the Philippines, Brunei, Samoa, Guam, the U.S. Trust Territories of the Pacific Islands (Republic of Palau), the Commonwealth of the Northern Marianas Islands, Macao, Fiji, Tonga, Kiribati, Juvalu, Nauru, Federated States of Micronesia, or Hong Kong;
- (v) "Subcontinent Asian Americans," which includes persons whose origins are from India, Pakistan, Bangladesh, Bhutan, the Maldives Islands, Nepal or Sri Lanka;
- (vi) Women;
- (vii) Any additional groups whose members are designated as socially and economically disadvantaged by the SBA, at such time as the SBA designation becomes effective.

- **49 CFR 26.67** **Personal Net Worth**

(a) (2) (ii) In determining net worth, you must exclude an individual's ownership interest in the applicant firm and the individual's equity in his or her primary residence...

(b)(1) If the statement of personal net worth ... shows that the individual's personal net worth exceeds \$750,000, the individual's presumption of economic disadvantage is rebutted.

(d) Individual determinations of social and economic disadvantage. Firms owned and controlled by individuals who are not presumed to be socially and economically disadvantaged (including individuals whose presumed disadvantage has been rebutted) may apply for DBE certification. You must make a case-by-case determination whether each individual whose ownership and control are relied upon for DBE certification is socially and economically disadvantaged.

(A complete text of the rules for determining net worth may be found in 49 CFR Section 26.67 and Appendix E to Part 26-Individual Determinations of Social and Economic Disadvantage.)



DBE Application - Supplement 1

STATEMENT OF SOCIAL AND ECONOMIC DISADVANTAGE

State of _____)
County of _____) ss:

I, _____, being first duly sworn upon oath state the following:

I am an owner (i.e.; proprietor, shareholder, partner, or member) of _____ ("firm").

I hereby swear or affirm that I am a "socially and economically disadvantaged" individual for purposes of certification as a Disadvantaged Business Enterprise according to 49 CFR Part 26.

I hereby swear or affirm that my personal net worth, excluding the equity in my primary residence and the interest in the firm which is currently certified, or for which I am applying for certification as a Disadvantaged Business Enterprise, does not exceed \$750,000.

NOTICE: 49 CFR 26.107 provides in part, that any firm that attempts to participate in a DOT-assisted program as a DBE on the basis of false, fraudulent, or deceitful statement or representations or under circumstances indicating a serious lack of business integrity or honesty, may be subject to suspension or debarment proceedings under to 49 CFR Part 29. Additionally, the U. S. Department of Transportation may take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, against any participant in the DBE program whose conduct is subject to such action under 49 CFR Part 31. The U.S. Department of Transportation may also refer any person who makes a false or fraudulent statement in connection with participation of a DBE in any DOT-assisted program or otherwise violates applicable Federal statutes to the Department of Justice, for prosecution under 18 U.S.C. 1001 or other applicable provisions of law.

Owner's Signature: _____ Date: _____

Printed Name: _____ Title: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public in and for the State of _____
Residing at _____

My Commission Expires _____